

# Women and PrEP Symposium

## Sept 25, 2018



The LGBT Health  
Resource Center  
of Chase Brexton Health Care

*Be proud. Be healthy.*

Presenter:

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Trans Care Coordinator

LGBT Health Resource Center of Chase Brexton Health Care

# **LGBT Services Offered at Chase Brexton**

- Transgender/ Gender Non-Binary Medical Services
- Gender Joy
- Caring and Preparing for the LGBT Older Adult Services
- Behavioral Health/ Case workers
- PREP/PEP/STI Clinic/ ID- HIV and Hep C
- The LGBT Resource Center
- Medical Training/ Education

# Goal and Overview

1. **Goal:** To Educate Healthcare providers about basic concepts about HIV in the transgender community.
2. **Overview**
  - There has not been adequate documentation, tracking, or measuring of the general population itself or the range of health issues that affect them. 2011 CDC added a gender identity variable as optional field in the electronic HIV/AIDS Reporting system.
  - Research suggests that LGBT individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights.

# Overview

- Access to health care is a fundamental human right that is regularly denied to transgender and gender non-conforming people.
- Transgender and gender non-conforming people frequently experience discrimination when accessing health care, from disrespect and harassment to violence and outright denial of service.

# Health Disparity

A staggering 49% of respondents reported attempting suicide compared to 1.6% of the general population, with unemployment, bullying in school, low household income and sexual and physical abuse associated with even higher rates.

# What is the Impact of Stigma and Discrimination

- The most recent, comprehensive data on suicide attempts was gathered by The Williams Institute, in collaboration with the American Foundation for Suicide Prevention. Its report, [Suicide Attempts Among Transgender and Gender Non-Conforming Adults](#), analyzed responses from 6,456 self-identified transgender and gender non-conforming adults (18+) who took part in the [U.S. National Transgender Discrimination Survey](#). The results are staggering.

# Results

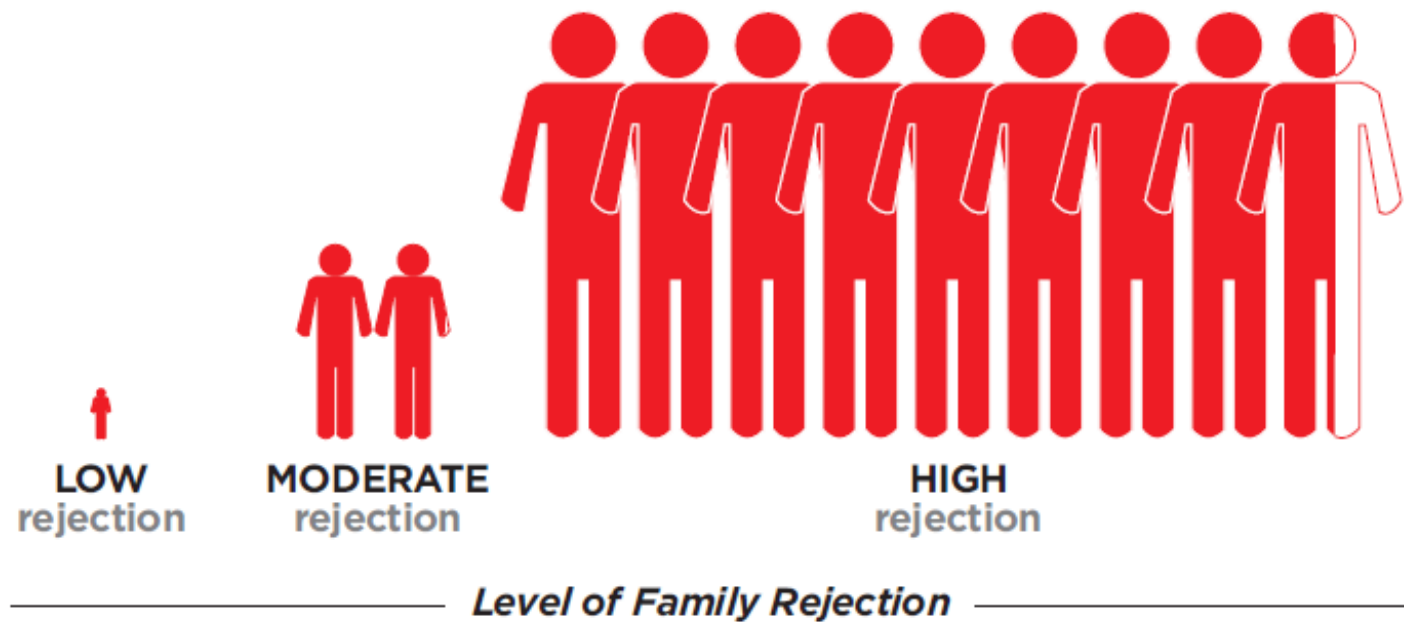
- Trans men are the most impacted, with 46 percent reporting an attempt in their lifetime.
- Trans women are close behind at 42 percent
- Half of all American Indian, Alaska Natives and mixed-race/ethnicity respondents have attempted to take their own lives.
- Black (45 percent) and Latino (44 percent) trans communities
- Lowest rates—Asian or Pacific Islander and white respondents—are still almost nine times higher than the national average.

# Family Rejection

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## Lifetime Suicide Attempts for Highly Rejected LGBT Young People

*(One or more times)*



Ryan, Family Acceptance Project, 2009



# After Coming Out and Being Bullied, 9-Year-Old Dies by Suicide



Jamel Myers was treated horribly by his Denver classmates, according to his mother.

BY [NEAL BROVERMAN](#)

AUGUST 27 2018 1:57 PM EDT

# Social Impacts on Health of Transgender/ Gender Non-Binary

- Research suggests that LGBT individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights.
- The general lack of professional training on transgender health compounded by discrimination in employment, education and housing, as well as the lack of social support systems, contribute to the chronic stress experienced by many transgender people.

# 2016 US Transgender Survey

Respondents faced **serious hurdles to accessing health care**, including:

- **Refusal of care:** 19% of our sample reported being refused care due to their transgender or gender non-conforming status, with even higher numbers among people of color in the survey.
- **Harassment and violence in medical settings:** 28% of respondents were subjected to harassment in medical settings and 2% were victims of violence in doctor's office.
- **Lack of provider knowledge:** 50% of the sample reported having to teach their medical providers about transgender care.
- **The majority of survey participants have accessed some form of transition-related medical care despite**

# Terminology/Definitions

# Transgender

- Gender is not exclusively determined by an assigned sex at birth, but determined by a person's sense, belief, and ultimate expression of self.
- *Those of us who looked at the two options and made a hundred more options that were more realistic for who we really are! No longer using terms like male trapped in female body, etc.*

*19 year old Gender Queer Youth*

The goal of treatment for transgender people is to improve their quality of life by facilitating their transition to a physical state that more closely represents their sense of themselves.

Deb age 5



# Gender Non-Binary

- GNB people may identify as both male and female; neither male nor female; in between genders; on or outside the gender spectrum; or beyond the gender binary system,
- Not having a gender at all-identifying as agender or genderless.
- Some may simply identify as "queer," which has been reclaimed as a respectful umbrella term encompassing a broad range of gender identities, expressions, and sexual orientations.

# Public vs Private Gender-Micah

1. Public Gender : Stereotype vs authentic
  - a) Is what everyone sees. It's how you are perceived by others.
  - b) It's a social gender, and extends beyond yourself.
2. Private Gender
  - a. Is an inner feeling, an internal experience.
  - b. Mostly indescribable, abstract, you just “know” it. It may be fuzzy and unclear, and indescribable even to yourself.
  - c. Nobody else can know or feel this but you.



# Let's Talk About Pronouns!

## Gender-binary pronouns

- *She, Her, Hers* and *He, Him, His*
  - (Xena ate **her** food because **she** was hungry.)



## Gender-neutral pronouns :

- *They, Them, Theirs*
  - (Xena ate **their** food because **they** were hungry.)
- *Ze, Hir*
  - (Xena ate **hir** food because **ze** was hungry.)
- Just use my name!
  - (Xena ate **Xena**'s food because **Xena** was hungry)

# Pronouns

3rd Person Singular Subjective	3rd Person Singular Objective	3rd Person Singular Possessive	3rd Person Singular Reflexive
She	Her	Her	Herself
He	Him	His	Himself
They	Them	Their	Themselves
Ze	Zir	Zir/Zirs	Zirself
Xe	Xem	Xyr/Xyrself	Xemself
Ze	Hir	Hir/Hirs	Hirself
Per	Per	Per/Pers	Perself

# What Does Non-Binary Look Like

*Oh, the joys of being*



*GENDERQUEER~*

# Sexual orientation

1. What is your preferred gender? Pronoun?
  - Male, female, transgender, gender -queer, non-binary gender,
  - Pronoun: He, She, They, Shem
2. What is your sexual orientation? (Who you are attracted to)
  - Gay, Heterosexual, lesbian, queer, pansexual, bisexual, demi-sexual, asexual,
  - Do a sex history-ask the how, who, where questions.
  - One can have same sex relations without identifying as gay, lesbian.
  - One can have same sex attraction without engaging in the sexual behavior.
3. Gender expression
  - The manner in which a person represents or expresses their gender identity to others.

# Health Issues

# Gender History

y

**Relationships & Family**

Relationship status:  Since:

Spouse/Partner/Significant Other:

**Residence**

Homeless?  Yes  No

Country of origin:

Birth City:  ST:

**Work & Education**

Employed?  Yes  No

Occupation:  Since:

Highest education level:

**Sexual History/Information**

Gender identity:

Gender of partner(s):

Age of first sexual intercourse:

Are you sexually active?  Yes  No

Sex at birth:

**Sexual Risk Assessment**      **DOB:** 09/16/1990      **Patient Age:** 25 Years Old

**Sexual Activity & Identity**

Sexually active:  Yes  No

Current sexual partner(s):

Previous sexual partner(s):

Number of partners in the past year:

Number of partners in the past 2 months:

Current relationship:

Age of first sexual intercourse:

Attracted to:

Sexual orientation:

Sex at birth:

Gender identity:

**Contraception** Title X Visit

Previous contraception methods (click all that apply):

- Abstinence
- Birth Control Pills
- Cervical Caps
- Condoms - male

Current contraception method:

**Sexual Assault Risk / History** Counseled for sexual safety:

History of forced sex:  Yes  No

Has exchanged sex for money?  Yes  No

**Sexual Behaviors** I do NOT want this to appear in the text of my note.

*Behavior*

- Giving oral sex on penis
- Receiving oral sex on penis
- Giving oral sex on vagina
- Receiving oral sex on vagina
- Giving oral sex on anus
- Receiving oral sex on anus

*Behavior*

- Putting penis into vagina
- Receiving penis into vagina
- Putting penis into anus
- Receiving penis into anus
- Contact with menstrual blood
- Sharing sexual toys

**STI History**

	Date	Result
<input type="checkbox"/> Chlamydia	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Gonorrhea	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Hepatitis A	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Hepatitis B	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Hepatitis C	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Herpes	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Syphilis	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -

	Date	Result
<input type="checkbox"/> LGV	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> HIV	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Bacterial Vaginosis	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> HPV	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Scabies/Lice	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -
<input type="checkbox"/> Trichomoniasis	<input type="text"/>	<input type="radio"/> + <input type="radio"/> -

# Sexual History

# Images of HPV of the Mouth and Throat





# Health Disparities

- Respondents reported over four times the national average of HIV infection, 2.64% in our sample compared to .6% in the general population, with rates for transgender women at 4.28%, and with those who are unemployed (4.67%) or who have done sex work (15.32%) even higher.
- Over a quarter of the respondents misused drugs or alcohol specifically to cope with the mistreatment they faced due to their gender identity or expression.

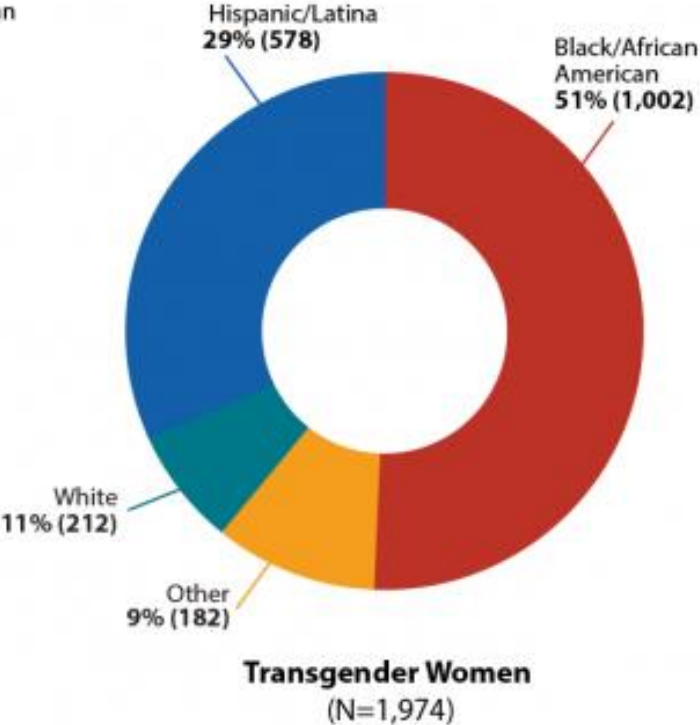
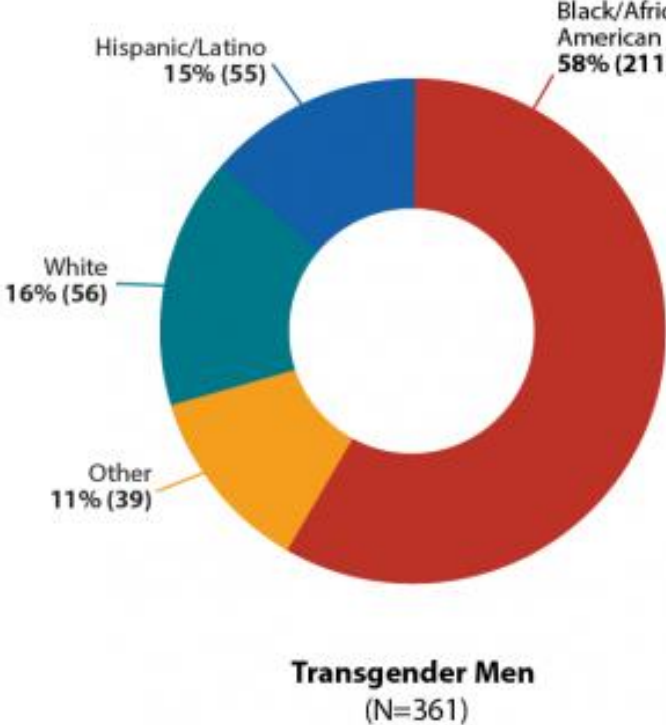
# Sex and Substance Use

- Drug and alcohol use among transgender people has been associated with risky sexual behaviors.
- There is an association between use of cocaine and/or poppers with HIV transmission.
- Many users of stimulants, club drugs, and poppers have reported an increased libido, decreased anxiety, and increased sexual pleasure that are possible only when using drugs.
- Sexual Health in Recovery (SHIR) is a psychoeducational group to help clients to better understand their own sexual behavior patterns in early recovery.
  - Facilitator training available through Maryland Department of Health's Prevention and Health Promotion Administration

# HIV and Transgender

- A 2017 paper used meta-analysis and synthesized national surveys to estimate that 1 million adults in the United States are transgender.<sup>a</sup>
- From 2009 to 2014, 2,351 transgender people were diagnosed with HIV in the United States.<sup>b</sup>
- Eighty-four percent (1,974) were transgender women, 15% (361) were transgender men, and less than 1% (16) had another gender identity.
- Around half of transgender people (43% [844] of transgender women; 54% [193] of transgender men) who received an HIV diagnosis from 2009 to 2014 lived in the South.
- According to current estimates, around a quarter ([22-28%](#)) of transgender women are living with HIV, and more than half ([an estimated 56%](#)) of black/African American transgender women are living with HIV.
- Among the 3 million HIV testing events<sup>c</sup> reported to CDC in 2015, the percentage of transgender people who received a new HIV diagnosis was more than 3 times the national average.

# HIV Diagnoses Among Transgender People in the United States by Race/Ethnicity, 2009-2014



# HIV Transmission Risks

<u>Exposure route</u>	<u>Risk per 10,000</u>
Blood transfusion	9000
Needle sharing IVDU	67
Receptive anal intercourse	50
Percutaneous needle stick	30
Receptive penile-vaginal intercourse	10
Insertive anal intercourse	6.5
Insertive penile-vaginal intercourse	5
Receptive oral intercourse	1
Insertive oral intercourse	0.5

# HIV- Causes

- Transgender women
  - multiple sexual partners,
  - anal or vaginal sex without condoms or medicines to prevent HIV,
  - injecting hormones or drugs with shared syringes and other drug paraphernalia,
  - commercial sex work, mental health issues, incarceration, homelessness,
  - unemployment, and high levels of substance misuse compared to the general population,
  - as well as violence and lack of family support.
- Transgender males
  - Multiple sex partners
  - Anal and vaginal sex without condoms
  - On line hook ups.
  - Sharing needles to give

# Silicone Use Among Trans Women of Color (Baltimore data from STROBE)

- Ever injected substance to fill out face or feminize body?
    - 32.7% (n = 18/55) in Baltimore
    - 33.3% (n=67/201) in Washington, DC
    - 10-40% reported in existing published studies
  - In Baltimore, injections received from...
    - Individual injections from not a medical provider: 64.7% (n = 11/17)
    - Pumping party: 41.2% (n=7/17 )
    - Licensed medical provider: 16.7% (n = 3/18)
  - Have you ever used a needle for injecting fillers that was used by someone before you or by someone after you?
    - All 18 Baltimore participants reported “no”
    - 3/67 DC participants reported “yes”
- Wilson E, et al. *J Sex Med.*2014;11:1717-1724; .Silva-Santisteban A, et al. *AIDS Behav.*2012;1:872-881; RapuesJ, et al. *Am J Public Health.*2013;103:1485-1492. Scheim AI, Bauer GR. *J Sex Res.*2015;52:1-14.

Slide credit: Dr. Tonia Poteat

# What is PrEP?

- Pre-exposure prophylaxis (PrEP)
  - For people who do not have HIV but who are at substantial risk
  - One pill every day (Truvada; tenofovir and emtricitabine)
  - Reduces the risk of HIV by up to 92%.
  - Much less effective if not taken consistently
  - People who use PrEP must commit to taking the drug every day and seeing their health care provider for follow-up every 3 months
- 
- CDC



# STROBE Study: Supporting Transgender Research and Opportunity in the Baltimore Environment

Johns Hopkins Bloomberg  
School of Public Health

PrEP Continuum*	n/N (%)
PrEP awareness	174/201 (86.57%)
Ever taken PrEP	30/173 (17.92%)
Willing to take PrEP (HIV- and unknown)	59/76 (77.63%)

\*PrEP approved in U.S. in 2012

HIV Care among HIV+	n/N (%)
HIV visit in last 12 mo.	99/103 (96.12%)
Ever taken ART	98/98 (100%)
Currently on ART	92/98 (93.88%)
Ever ART interruptions	56/97 (57.73%)
Ever could not get ART	38/97 (39.18%)
Last viral load undetectable (self-report)	82/100 (82%)

Investigators: Tonia Poteat, Mannat Malik, Andrea Wirtz, Erin Cooney, Thespina Yamanis

# Recommended Indications for PrEP

- Adult 18 and over
- Without acute or established HIV infection
- Any male/ female sex partners in past 6 months
- Not in a monogamous partnership with a recently tested, HIV-negative man
  
- AND at least one of the following
  - Any anal sex without condoms (receptive or insertive) in past 6 months
  - Any STI diagnosed or reported in past 6 months
  - Is in an ongoing sexual relationship with an HIV-positive male partner

# PrEP Check List

- ✓ Every 3 Months - Every 6 Months
- ✓ HIV testing 4<sup>th</sup> generation
- ✓ Assessment of continued risk/intent to continue PrEP
- ✓ Pregnancy testing (for female-bodied patients)
- ✓ Assessment of adherence and clinically appropriate counseling
- ✓ STD testing
  - a. Syphilis
  - b. Gonorrhea
  - c. Chlamydia
- ✓ Estimated creatinine clearance (eCrCl)
- ✓ Prescription- Truvada 200-300 mg once per day

# Non-Occupational Post-Exposure Prophylaxis (nPEP)

- 28 day course
- Must begin within 72 hours after an isolated sexual or injection-related HIV exposure
- If exposures are not isolated: Screen for HIV, then consider beginning PrEP immediately
- If the exposure is isolated (e.g., sexual assault, needle stick, infrequent condom failure), nPEP should be prescribed, but continued antiretroviral medication is not needed

# Science proves PrEP does not lower feminizing hormone levels in trans women, a commonly held misconception.



JULY 30 2018 3:23 PM  
[iFACT study](#)

By [Desirée Guerrero](#)

# Non- Compliance

- HIV-positive trans women are less likely to regularly use antiretroviral medication than their non-transgender peers. A NIH study, which focused on a clinic in New York City, reported that transgender women were often concerned that HIV medication would interfere with their hormone therapy.
- Many HIV-positive trans women prioritized hormone therapy over HIV medication: They feel that the HIV meds would interfere with the hormones. Is more important that nothing interferes with the transitioning process.

# Study published November 6, 2015 in *Lancet.*

- The study enrolled 2,499 HIV negative gay and bisexual men and transgender women in Peru, Ecuador, Brazil, Thailand, South Africa and the United States between 2007 and 2011, with an open label extension that ended in 2013. The new analysis identified 339 transgender women participants, 310 more than originally included in the initial report of the trial.
- Compared with men who have sex with men (MSM) in the iPrEx study, transgender women had lower drug levels in their blood and were less likely to take PrEP on a daily basis. While MSM who reported sexual practices with the highest risk of contracting HIV were more likely to have PrEP detected in their blood, the opposite was true for transgender women.

# Transgender Women ages 16-24 years

1. Most studies focus of trans- adults, however the few published studies on younger transgender women suggest that they have rates of HIV infection similar to transgender adults of all ages.
  - a. Study of 51 young racial/ethnic minority transgender women ages 16- 24 years, Garofalo and colleagues found that 22% self- reported being HIV infected.
  - b. Discrimination , harassment, and rejection from friends, family and others often become a central part of early adolescence and young adulthood for transgender youth. This affects their ability to secure housing, employment, social services, and health care. Thus contributing young transgender women's ability to prioritize and practice safer sexual behaviors
  - c. Transgender youth are disproportionately represented among homeless persons, result of rejection or estrangement from their families of origin.



# PrEP and Adolescents

- FDA has approved daily oral antiretroviral preexposure prophylaxis (PrEP) with Truvada for adolescents and adults who weigh at least 35 kilograms (77 pounds).
- On May 15, 2018, the Food and Drug Administration approved an indication for Truvada for preexposure prophylaxis (PrEP) in adults and adolescents who weigh at least 35 kg (77 lb). The indications for PrEP, initial and follow-up prescribing and laboratory testing recommendations are the same for adolescents and adults.

# Best Practices for HIV Prevention among Trans People

- ***Ground Your Work in the Community.***  
Develop partnerships with trans people and organizations to create and grow programs, services and research with, by, and for trans people
- Educate and provide services and care through a broader context of health and wellness. Consider approaches that focus not only on the individual, but also on families, social networks, schools, communities, and organizations in which transgender people live, work, and play.

# Best Practices for HIV Prevention among Trans People

- Have a central or multiple locations with easy access to public transportation, provide services in multiple languages, and have trained providers who understand current HIV and health care issues of trans people. Provide hormone therapy as part of primary care.
- Collaborate with community partners to advocate for policy development and social change to identify and address how HIV among trans people is impacted by housing, employment, transphobia, racism, violence, lack of health insurance, provider education, and legalized discrimination.

- Center for Excellence for TransHealth

# Resource

- **PrEP Consultation Service for Clinicians**
- **1-855-448-7737 (1-855 HIV-PREP)**  
11 a.m. – 8 p.m. ET , Monday-Friday  
For more information on the services offered through the PrEPline, visit the [National Clinicians Consultation Center](#).
- **Free Continuing Education for Healthcare Providers**
- [Advancing PrEP in Practice: Practical Strategies for Everyday Challenges](#)

# Resources

## 1. Transline:

- <https://transline.zendesk.com/hc/en-us>

## 2. Center Of Excellence Transgender Health

- <http://transhealth.ucsf.edu/>

## 3. Fenway

- <http://www.lgbthealtheducation.org>

## 4. Chase Brexton Health

- Deborah Dunn , MBA, PA-C
- [ddunn@chasebrexton.org](mailto:ddunn@chasebrexton.org)
- 410-884-7831, ext 5555

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